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S." she should first acquaint herself with any physiological idiosyncrasies and the likes and dislikes for food stuffs of her patient. Her digestive ability should also be well understood. In any case nothing but a moderate amount of meat should be eaten, and so far as the heavy meats are concerned, once a day is quite sufficient. Give eggs, milk, fresh fish, fresh fruits, fresh vegetables, chicken and other fowl, *plenty* of water. Tea and coffee may be taken in limited quantities if the patient finds it too great a denial to forego them altogether. Food should be prepared and varied in a way to invite the patient's appetite.

*Avoid* pastry and fried food stuffs, *always*, also rich and heavily sweetened foods of any sort. Custards, junkets, gelatine puddings served with pleasantly prepared fruit juices, simple salads, of which one can make a great variety by a little forethought, help out in furnishing such a patient's diet.

A broad rule, but nevertheless rather a good one, is to encourage the patient to select the things she enjoys and which are, in her case, readily digested. If she has a decided tendency toward the accumulating of too much adipose, restrict the quantity, excepting the meats, as mentioned above, rather than variety and a reasonable enjoyment of her diet. Her heaviest meal should be taken at midday, and if undesirable tendencies appear, the omitting of the evening meal entirely is suggested.

It must be borne in mind that all the above applies to *normal* cases only. A rational use of what has always been an acceptable diet, not only in the sense of pleasing, but physiologically, coupled with very careful attention to the matter of free operation of the bowel and kidneys, and the taking of a goodly amount of exercise in the open air should promote favorable conditions.

In a normal, and natural procedure like that of pregnancy, the nearer one can follow the lines of the *natural* the better it is for the patient in every aspect.

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#### HIGH CALORIC FEEDING

DEAR EDITOR: I read with much interest the article in the February JOURNAL on High Caloric Feedings for Typhoid Patients. The article says that food is to the body what fuel is to the engine. This is true, but if the engine be out of repair the fuel will not burn well and will provide very little heat, in fact if the engine be badly out of repair the fuel may not burn at all, so it would be worse than useless to supply the engine with fuel, as it would be impossible to repair it while filled with unburned fuel. If the engine is not in too bad a condition, it may be able to burn a small amount of light kindling, but no heavy coal.

It seems to me that it is not the amount of food taken into the body that counts, it is the amount that is digested and assimilated. The diet which was suggested for a day's nourishment would not furnish the body with the number of calories said to be required, because a patient with a high fever and the diseased condition of the digestive tract present in typhoid fever would not be capable of converting the food into heat units. Thus there would be a large amount of residue which would create poisonous gases, cause toxemia and thus retard recovery.

My experience has been that typhoid patients who have no nourishment during their high fever are, as a rule, the ones who have the shortest run of fever and also the shortest convalescence.

I know a physician who has had a wide experience of many years with typhoid fever cases in the Mississippi Valley, who says that during the past five years he has made a practice of depriving his patients of nourishment for a period of one to two weeks, and that he has not lost a case in that time. His patients are seldom ill more than three weeks, and have a rapid convalescence with less hunger than when he had made a practice of frequent feedings.

Washington.

U. T.

#### PROBLEMS THAT CONFRONT US

##### I.

DEAR EDITOR: It is a fact to be deplored that the Metropolitan Life Insurance Company should employ attendants instead of nurses graduated from incorporated hospitals. The writer has had large experience in a number of cities, in district and hospital and social work. While working for the above-said Company I have been present when life was in imminent danger, when mothers and children would have died had not some one been present who understood the intricacies of disease, when to call a physician, etc. For a maternity case to which I was called before 7 A.M., I had to call the physician three times during the day. The last time he went away when the patient was apparently all right, but after bathing the baby and attending to the cord, I went back to the mother, who had been attended to first, and found hemorrhage. I sent the husband immediately for the physician, who had to take five stitches in the cervix. Had I not been well trained in obstetrical nursing I might not have sent for him until too late, for another nurse who had been called in to relieve me said, "Oh that is nothing."

New York.

S. I. S.

##### II.

DEAR EDITOR: Speaking of "problems that confront us," may I rise meekly to lift my voice in defense of the "women of inferior education, with a short term of training," who have come into the field?

I can see how, if one has been fortunate enough to have had the strength to have endured the hardship of a three years training, she would naturally feel resentful against one, who with a shorter term would usurp her rights. But my question is, what are the rights of the woman who has broken down under the continual grind of three years and has not been able to go the full term, say even half, who has gone into the work for the love of it, with no "inferior education," applied her whole mind to it, conscientiously performing every duty, with no foolish romantic notion lurking in her brain, as so many probationers enter with.

The picture of a young, pretty girl, in nurse's uniform, standing beside a sick bed with bottle in hand, is alluring to some minds, but the real story of long hours of arduous labor and anxious watching, with all kinds of conditions of men and women, is the real picture.

I have in mind the case of a woman, a widow, who entered for training a hospital—of which it is to be lamented there are too many—where a nurse is used as a means of cheap service, such as the Editorial Comment in the January JOURNAL refers to, and which really give very little in return; where